Part B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(703) 746-4000

Electronically Filed

| Ins form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advanced orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) JONES DAY 222 East 41st Street | | | | Certificate of Mailing or Transmission Lhereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for express mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|-------------------------------|--|--|--------------------|--|--|-------------|
| | | | | | | | | New York, New York 10017-6702 | | | (Depositor's name) | | | |
| | | | | | | | | | | | | | | (Signature) |
| APPLICATION NO. | FILING DATE FIRS | T NAMED INVENTOR | 1 4770 | NEV 5 6 6 / 5 = | | (Date) | | | | | | | | |
| 09/385,918 | 0.0 (0.0 10.0 | Merl F. Hoekstra | OR ATTORNEY DOCKET 10624-048-999 | | | | | | | | | | | |
| TITLE OF INVENTION: | METHODS FOR MODULATING SIG | GNAL TRANSDUCTION ME | | **** | ···· | 00 | | | | | | | | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | | TOTAL FEE(S) DUE | DATE DUE | | | | | | | | |
| Non-Provisional | No | \$ 1440 | \$ | 0.00 | \$1,440.00 | 4/02/08 | | | | | | | | |
| EXAMINER | ART UNIT | CLASS-SUBCL | ASS | | | | | | | | | | | |
| ROBINSON, Hope A. | 1652 | 435-00700 | | | | | | | | | | | | |
| Change of correspondence addr 1,363). | ess or indication of "Fee Address" (37 CFR | 2. For printing on the patent | ront page, list | I. Jones | Dav | | | | | | | | | |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a | | | | | | | | | | | | |
| ☐ "Fee Address" indication (or "Fe 03-02 or more recent) attached. Us | e Address" Indication form PTO/SB/47; Rev se of a Customer Number is required. | member a registered attorney the names of up to 2 registere attorneys or agents. If no nar name will be printed. | ed patent | 3. | | *** | | | | | | | | |
| 3. ASSIGNEE NAME AND RESIDE | NCE DATA TO BE PRINTED ON THE PATEN | T (print or type) | | | | · | | | | | | | | |
| PLEASE NOTE: Unless an assigne CFR 3.11. Completion of this form it | e is identified below, no assignee data will appe s NOT a substitute for filing an assignment. | ear on the patent. If an assignee | is identified below | , the document has | s been filed for recordation as : | set forth in 37 | | | | | | | | |
| (A) NAME OF ASSIGNEE: | PHARMACEUTICALS | (B) RESIDENCI | | ATE OR COUNTRY I DIEGO, CALIF | | | | | | | | | | |
| Please check the appropriate assign Individual Corporation or o | nee category or categories (will not be printed or other private group entity Government | n the patent) : | | | | | | | | | | | | |
| 4a. The following fee(s) are enclose | d | 4b. Payment of Fee(s): | **** | | | **** | | | | | | | | |
| ☑ Issue Fee | | ☐ A check in the amount | of the fee(s) encl | osed. | | | | | | | | | | |
| ☐ Publication Fee (No small entity | discount permitted) | ☐ Payment by credit care | d. Form PTO-203 | 8 is attached | | | | | | | | | | |
| ■ Advance Order - # of Copies | 2 | | | | | | | | | | | | | |
| | | ☐ The Director is hereby Account Number 50-3013 | authorízed to cha (enclose an extra | rge the required fee copy of this form). | e(s), or credit any overpaymen | t, to Deposit | | | | | | | | |
| 5. Change in Entity Status (from sta | atus indicated above) | | **** | | | | | | | | | | | |
| ☐ a Applicant claims SMALL ENTI | TY status. See 37 CFR 1.27. | □ b. Applicant is no long | rer claiming SMAI | I FNTITY status | See 37 CER 1 27(aV2) | • | | | | | | | | |
| The Director of the USPTO is reques Publication Fee (if required) will not be States Patent and Trademark Office. | ted to apply the Issue Fee and Publication Fee se accepted from anyone other than the applican | (if any) or to ro ponty any marking | and the second of the second | | | ssue Fee and of the United | | | | | | | | |
| (Authorized Signature) | Yarre use Tool | Insogra Reg. | No. 35, | 6 3 (Date | e) February 19, 2008 | | | | | | | | | |
| application form to the USPTO. Time burden, should be sent to the Chief Ir OR COMPLETED FORMS TO THIS | god by 37 CFR 1.133. The information is require. C. 122 and 37 CRF 1.14. This collection is est i will vary depending upon the individual case, iformation Officer, U.S. Patent and Trademark of ADDRESS. SEND TO: Mail Stop Issue Fee, Co of 1995, no persons are required to respond to a | ed to obtain or retain a benefit by imated to take 12 minutes to com Any comments on the amount of Office, U.S. Department of Common primissioner for Patents, P.O. Ro | the public which in plete including gettime required to de- erce, P.O. Box 14 v. 1450, Alexandri | s to file (and by the athering, preparing, omplete this form a 150, Alexandria, VA | USPTO to process) an applic and submitting the completed ind/or suggestions for reducing 22313-1450. DO NOT SEND | | | | | | | | | |
| PTOL-85 (REV. 08/07) Approved for i | TRA use through 08/31/2010. OMB 0 | NSMIT THIS FORM WITH FEE(S | | demark Office: U.S. | DEPARTMENT OF COMMF | P.C.E. | | | | | | | | |

TRANSMIT THIS FORM WITH FEE(S)
OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE